



Kansas Department of Health and Environment

Nursing Facilities Program

Volume XVI, Number 4

October 1995

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Resident Assessment Instrument

The Minimum Data Set Version 2.0 will be implemented in Kansas on **January 1, 1997**. The Health Care Financing Administration has approved this date. Training for the MDS 2.0 will be scheduled for the fall of 1996. The official MDS 2.0 users manual to be used in Kansas will be determined by the Case Mix and Quality Demonstration Project. It is anticipated that this decision will be made sometime in early 1996. Facilities are encouraged to delay purchase of software and manuals until the fall of 1996. A letter has been sent to software vendors who have indicated they provide MDS software to Kansas facilities, informing them of the delay in implementation.

The Health Care Financing Administration continues to work on proposed regulations requiring facilities to submit MDS data electronically to a designated state agency. It is now anticipated the proposed regulation will be published in early 1996.

Implementation of Senate Bill 8

Senate Bill 8 changed the definitions for a number of adult care home categories. As a result of these changes, new regulations are in the process of being developed. Draft regulations for assisted living and residential health care facilities were shared with the Adult Care Home Advisory Committee on September 19. Written comments on the draft were requested to be submitted by October 16. Members of the committee were encouraged to distribute copies of the draft to interested individuals for comment. The Kansas Health Care Association, Kansas Association of Homes and Services for the Aging, Kansans for the Improvement of Nursing Homes and the Kansas Association of Professional Nursing Home Administrators are members of the Adult Care Home Advisory Group.

The application and annual report forms have been revised as a result of Senate Bill 8. Facility administrative staff are encouraged to read the forms and directions carefully before submitting the required documentation.

The *Fact Sheet* is published by the Kansas Department of Health and Environment.

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The following is a review of the key licensure requirements for adult care homes affected by changes resulting from passage of Senate Bill 8.

Assisted Living/Residential Health Care Facilities

- ! Number of residents - Six or more.
- ! KAR 28-39-147 - Resident Rights and 28-39-148 Administrative Discharge Transfer Rights apply to these facilities.
- ! Administration - Facilities with 60 residents or fewer must have an operator which meets specific requirements in Senate Bill 8. A training program will be developed in the near future. Facilities with 61 or more residents must employ an adult care home administrator.
- ! Physical environment - (**assisted living**) apartment which includes a toilet room with bathing facilities, a kitchen (stove or microwave), sleeping, living, and storage area and a lockable door. Must meet Life Safety Code and local building codes.
- ! Physical environment - (**residential health care facility**) Individual living units which include a toilet room with bathing facilities, sleeping, living, and storage area and a lockable door. Nursing facilities licensed prior to July 1, 1995 will be required to provide bathing facilities in 20 percent of the units.
- ! Staffing requirements - Staff who provide assistance with activities of daily living must be certified nurse aides or licensed nurses. Medications shall be administered by licensed nurses or certified medication aides under the supervision of a licensed nurse.

A licensed nurse must provide supervision of unlicensed staff who perform nursing procedures onsite or through delegation of nursing tasks. There must be evidence that nurse aides are competent to perform the nursing procedure through training and periodic onsite supervision by the licensed nurse responsible for the delegation in accordance with the Kansas Nurse Practice Act.

Skilled services may be provided on an intermittent or limited term basis, or if the task is limited in scope, on a regular basis.

- ! There must be evidence that the facility has contacted the Nurse Aide Registry to confirm the status of each nurse aide.

Home Plus

- ! Number of residents - One to five residents
- ! Must meet Life Safety Code and local building codes.
- ! Staffing requirements - Statute states that level of care to be provided is dependant on the preparation of the operator. A certified nurse aide is required if the resident requires assistance with activities of daily living such as dressing, bathing, eating, personal hygiene, mobility and toileting. A certified medication aide or a licensed nurse must be available if residents require administration of medications. Nursing tasks may be performed by nurse aide if delegated by a licensed nurse under the nurse delegation statute.

Home Plus (continued)

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- ! There must be evidence that the facility has contacted the Nurse Aide Registry to confirm the status of each nurse aide.

Adult Day Care

- ! Number of clients - no limit
- ! Physical environment - must meet Life Safety Code and local building codes.
- ! Staffing requirements - Certified nurse aides must be available if clients require assistance with activities of daily living. If clients require assistance with administration of medication, the assistance must be provided by a certified medication aide or a licensed nurse. Nursing tasks may be delegated to a certified nurse aide by a licensed nurse under the nurse delegation statute.

Adult Care Home Complaint Program

The Kansas Department of Health and Environment (KDHE) operates the Adult Care Home Complaint Program. This program is guided by federal and state regulations.

In accordance with federal regulations 488.335(c) and/or 488.335(f) (effective July 1, 1995), when the State makes a preliminary determination that abuse, neglect or misappropriation of property occurred, the current administrator of the facility in which the incident occurred will be notified. Additionally, if the Final Order indicates that neglect or abuse or misappropriation of resident property occurred, or if the alleged perpetrator waives the right to a hearing, the State will report those findings to the current administrator of the facility where the incident occurred and, if known, the administrator of the facility that currently employs the individual.

Questions regarding an individual's status on the Kansas Nurse Aide Registry should be forwarded to the Health Occupations Credentialing Section at (913) 296-0059.

Importance of Monitoring Weight

In aging, profound changes in body composition can occur with or without changes in body weight. In most healthy adults after age 45, lean body mass begins to decline and fat mass increases even when weight is stable. Lean body mass includes muscles, essential organs, immune cells, etc., but not fat or water.

To provide quality nutritional care, it is important to know the difference between dieting, wasting, cachexia and sarcopenia:

- ! **DIETING:** Predominately, fat is lost when weight loss is properly planned.
- ! **WASTING:** With unintentional weight loss more lean body mass is lost than fat. It is common in diseases such as AIDS, tuberculosis and cancer.
- ! **CACHEXIA:** Lean body mass is lost with or without weight loss. Without weight loss there is a compensatory increase in another compartment. In congestive heart failure, cirrhosis, or renal failure there is compensation in extra cellular water. In rheumatoid arthritis there is compensation with increased fat mass. Nevertheless, the functional implication of the loss of lean body mass occur despite the stable weight. Cachexia is common in nursing facilities.
- ! **SARCOPENIA:** Muscle is lost usually because of decreased physical activity.

Although wasting may be the most obvious, the loss of lean body or muscle mass that occurs with cachexia and

sarcopenia have equally serious implications for the elderly.

The decline in lean body mass has important consequences. When humans lose more than 40% of their baseline lean body mass they die. This loss may occur in a few weeks with acute illness; in a few years with chronic illness; or over a lifetime with aging. Loss of lean body mass has IMPLICATIONS LONG BEFORE DEATH. Losses are associated with reduced strength, reduced functional status, weakness and increased disability.



Elderly are less able to compensate for periods of reduced intake by eating more later. Combined with the decline in taste and smell sensations that occur with age, it is so important to closely monitor residents' weight and provide food that meets individual residents' needs.

Flu Vaccine Alert

Enclosed with this issue of the is information on the flu vaccine program provided to individuals under the Medicare and Medicaid programs. Information includes how to bill Medicare for flu injections. Staff of nursing facilities are at high risk for influenza. Facilities should consider encouraging all staff to avail themselves of the flu vaccine. Most local health departments will offer flu injections to the public.

Injuries Related to Side Rails

The Food and Drug Administration (FDA) issued an alert on August 23, 1995 related to side rails. Since 1990, the FDA has received 102 reports of patients whose heads, necks, and limbs became trapped in side rails. Sixty-eight patients died as a result. These events occurred in hospitals and nursing facilities.

FDA recommends that hospitals, nursing homes and home health care providers exercise these precautions:

- ! Inspect all bed frames, side rails and mattresses as part of a regular maintenance program to identify areas of possible entrapment. Gaps can be created by mattress movement or compression when a patient gets into a bed, moves or reposition the bed.
- ! Watch for replacement mattresses and side rails that have different dimensions than the original bed frame.
- ! Check bed side rails for proper installation using the manufacturers' instructions.
- ! Consider additional safety measures such as bed rail protective barriers for high-risk patients, including those with altered mental status, restlessness, or whose size and/or weight are inappropriate for the bed's dimensions.
- ! Don't substitute side rails for protective restraints. Monitor restrained patients frequently.

The Safe Medical Devices Act of 1990 requires hospitals and other facilities to report deaths or injuries related to the use of medical devices to the FDA. Facilities are required to have protocols in place for reporting these types of injuries.

For more information, call FDA official Sherry Purvis-Wynn at (301) 594-1159.

Certified Nurse Aide Exam

Each candidate has a maximum of three attempts within one year from the beginning date of a 90-hour nurse aide/20-hour home health aide course, or approval date of a request for endorsement, to pass the state examination. The candidate must have already successfully completed the course pursuant to KAR 28-39-165 or completed allied health training or credentialing that has been endorsed pursuant to KAR 28-39-167. If the state exam is not passed within one year from the beginning date of an approved 90-hour nurse aide/20-hour home health aide course, the individual must complete the entire course again in order to be eligible to sit for the examination.

The important point to emphasize to staff or students is that re-scheduling may end up "bumping" the person out of their training and testing period. So, it is essential that candidates sit for the exam **when they are scheduled**. Call (913) 296-1250 for Betty Guffey, Health Occupations Credentialing, with questions about exam site scheduling.

Long-term Sponsorship Program

"Providership," "sponsorship," "approved provider," whatever you wish to call it, Health Occupations Credentialing (HOC) has resurrected plans for allowing a long-term nurse-aide course approval. Currently all new staff at HOC are addressing this project and have expanded the concept to include all programs which fall under the jurisdiction of KDHE/HOC for initial or continuing education or training approval.

Because of this change in direction, original plans for a pilot program have been abandoned in hopes of getting quicker full implementation. Your suggestions, questions or votes of enthusiastic support are all welcome! Contact Eric Aspegren, Education Certification Specialist, at (913) 296-6796.

Introductions

Two new staff have joined the Health Occupations Credentialing unit: Kyle Pelton, Office Assistant III, started with HOC August 25th. Kyle is the front desk staff person, answering phones, processing mail and providing clerical support to other staff. Kyle worked two years with the Kansas Department of Administration in the Benefits section. Kyle's supervisor is Stacey Hawley. Eric Aspegren joined HOC on August 28, filling the vacant Education Certification Specialist position previously held by Becky Burtis. Eric brings experience in the regulatory area. He previously worked in the adult care home, hospital and home health agency licensure programs and the State Records Center for the Kansas State Historical Society. At the Historical Society, he was instrumental in establishing a collection, storage and retrieval system for state records. Eric has a degree in music education and is interested in computers (Internet), composing electronic music and reading.

Federal Notice Requirements

Health Occupations Credentialing, in compliance with federal enforcement regulations, is providing notice of denial or withdrawal of nurse aide training and competency evaluation programs when the facility has been found to be providing substandard quality of care through an extended or partial extended survey. The federal requirements include enforcing such restrictions for a period of two-years. However, if the noncompliance which caused a sanction to be imposed, or which caused an extended or partial extended survey to be performed, is successfully refuted by the facility or otherwise determined by the State to have been improperly cited, the facility's appeal to restore Nurse Aide Training and Competency Evaluation Program (NATCEP) will be granted. If a change of ownership occurs prior to the conclusion of the two-year period, the remainder of the two-year period does not carry over to the new owner. **If the facility meets all the other requirements for NATCEP, its program will be approved.**

KDHE is developing a method of reporting identification information which will be used to verify for each certified nurse aide on the Kansas Nurse Aide Registry that there has not been a lapse of employment of 24 consecutive months. More

information will be provided in the near future. Plans are to revise the existing semi-annual report to minimize additional reporting required by facilities.

Resources for Quality Care

- ! Boyce, J., et al. (1994). Methicillin-resistant staphylococcus aureus (MRSA): A briefing for acute care hospitals and nursing facilities. 15(2), 105-115.

This article includes information on surveillance, prevention and control measures proposed for acute care facilities and nursing facilities. The strengths and weaknesses of each measure is analyzed. Reprints are available by contacting the American Hospital Association, 840 North Lake Shore Drive, Chicago, IL 60611.

- ! Van Hook, Carole. (1995). Candid report from concerned consumer. , 21(8), 81-82.

This article was written by a social worker about her mother's experience in a nursing facility. It contains a listing of factors which should be considered in planning for the care of residents.

- ! Clinical Indicators associated with unintentional weight loss and pressure ulcers in elderly residents of nursing facilities. 1995; 95:984-992.

Inappropriate dietary intake, disease, and disability place residents in nursing facilities at risk for malnutrition. Therefore, it is important to obtain laboratory values when assessing elderly residents and determining their nutritional status.

- ! Practice guidelines for medical nutrition therapy provided by dietitians for persons with non-insulin dependent diabetes mellitus. 1995, 999-1006.

Basic nutrition care is defined as one visit with the dietitian. Nutrition practice guidelines consist of a series of visits with the dietitian. At the second follow up visit, the dietitian assesses what has been accomplished with the nutrition interventions. If the patient has implemented the nutrition recommendations to the best of his or her ability and has not achieved the treatment goals, the dietitian should notify the physician and recommend changes in medical management. Ongoing nutrition care is recommended at six-month and one-year intervals for both basic and practice guidelines care.

ANE ISSUE STATISTICS 6/1/95 to 8/31/95

Total Complaint Calls Assigned for Investigation - 620

ANE Investigations

Total 152
 June 40
 July 46
 August 66

Care Issues Investigated

Total 468
 June 133
 July 157
 August 178

Alleged Perpetrators - Administrative Review

	Total Cases	Pending	Declined	Referred
ACH Admin.	1	0	0	1
RNs	3	2	0	1
LPNs	6	1	0	5
CNAs/CMA's	27	7	2	18
MD	0	0	0	0
Pharmacists	1	1	0	0
LMHTs	0	0	0	0

Administrative Hearings on CNAs/CMA's

Held	5
Confirmed	1
Unconfirmed	2
Pending Decision	2
Appeal	0
Appeal Withdrawn	0
Dismissed	0